



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL
REGULATION
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME			
FEIN OR SSN			
PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE	DATE
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NAME OF PARENT COMPANY (IF APPLICABLE)	MAINE SALES TAX NUMBER
ANY OTHER NAME USED	DATE OF BIRTH

Maine Manufactured Housing Board

LICENSE TYPE (check one box):

<input type="checkbox"/>	MANUFACTURER (MF1421)	FEE: \$200.00
<input type="checkbox"/>	DEALER (DL1421)	FEE: \$200.00
<input type="checkbox"/>	DEVELOPER DEALER (DD1421)	FEE: \$200.00
<input type="checkbox"/>	INSTALLER (INS1421)	FEE: \$200.00
<input type="checkbox"/>	DEALER BRANCH (DLB1421)	FEE: \$100.00

Office Use Only:
DLB1421 - \$100.00
other 1421 - \$200
2619 - \$21.00

ENTITY TYPE (check one box):

<input type="checkbox"/>	CORPORATION
<input type="checkbox"/>	LIMITED LIABILITY COMPANY
<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	SOLE PROPRIETORSHIP NOTE: IF SOLE PROPRIETORSHIP, YOU MUST INCLUDE AN ADDITIONAL \$21.00 BACKGROUND CHECK FEE.

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>

SIGNATURE	DATE
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APPLICATION GUIDELINE

Enclosed are all relevant materials for a installer license in the State of Maine. If you have any questions, you may contact the Maine Manufactured Housing Board office at (207) 624-8612 or (207) 624-8618.

LICENSING REQUIREMENTS

To apply for an installer license, the following documentation must be submitted:

1. A completed application;
2. If the applicant is a corporation or a limited liability company, a certificate of existence from the Maine Secretary of State. For assistance please contact them at (207) 624-7752;
3. For corporations not organized under Maine law, a certificate of authority from the Maine Secretary of State. For assistance please contact them at (207) 624-7752;
4. If the applicant is an out-of-state entity, a duly-executed power of attorney appointing the Executive Director as its agent for service of process in this State;
5. Proof of products/completed operations liability insurance for a limit of not less than \$300,000.00 per occurrence, bodily injury and property damage or combined single limit, and proof of workers' compensation insurance (unless waived in a manner approved by the Workers' Compensation Board) and applicable to products sold, or work performed in Maine. Insurance policies must remain in effect while a license is active. The liability policy must include mandatory notice of cancellation to the Manufactured Housing Board. Sole proprietors, owners of a partnership and owners or members of a limited liability company need not provide proof of workers' compensation insurance on themselves;
6. Evidence of Completion of Qualifying (Initial) Education Training Program or a certificate of completion of a board-approved training program;
7. Payment of the appropriate license fee; and
8. If the applicant is a sole proprietor, payment of the criminal background check fee.

QUALIFYING (INITIAL) EDUCATION TRAINING PROGRAM

The Manufactured Housing Board is required to provide initial training in the servicing and installation of manufactured housing to all licensees and applicants for licensure beginning July 1, 2000, pursuant to Title 10, Chapter 951 §9021(1-A). Therefore, in order to obtain a license, it is **mandatory** to attend initial training or a certificate of completion of a board-approved training program prior to a license being issued. A registration form is enclosed with this packet.

FEE SCHEDULE

All fees are non-refundable and must accompany your license application. Checks should be made payable to: Treasurer State of Maine. Fees will be charged for the following:

- Original Installer License \$200
- Criminal Background Check \$21



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APPLICATION FOR AN INSTALLER LICENSE

1. For entities other than sole proprietors the following additional is required:

- Partnership(s) – name and contact address of each partner.
- Corporation(s) – name, contact address, and title of each corporate officer and director; name and contact address of each shareholder owning 10% or more of the voting stock of the corporation, including over-the-counter stock, unless the stock is traded on a major stock exchange and not over-the-counter.
- Limited Liability Company – name and contact address for each member and manager described in 31 MRSA §655(1)(A).

Name(s) & Addresses of Partners, Corporate Officers & Directors, Shareholders or Members and Managers		
Name		
Address		
Date of Birth	Telephone Number	Title Held
Name		
Address		
Date of Birth	Telephone Number	Title Held
Name		
Address		
Date of Birth	Telephone Number	Title Held

Name of partner, corporate officer, member or manager who will be representing the applicant in matters before the board:

Name

2. **EMPLOYMENT RECORD.** Evidence of two years of work experience under the supervision of a dealer or manufacturer related to the type of manufactured housing that the applicant intends to sell, or evidence of work experience or training deemed equivalent by the board.

Name(s) & Addresses of Employer(s)		
Name of Employer	Address	Telephone Number
Type of Business/Organization		Dates Employed
Duties and Responsibilities please use additional sheets if needed.		
Name of Employer	Address	Telephone Number
Type of Business/Organization		Dates Employed
Duties and Responsibilities please us additional sheets if needed.		
Name of Employer	Address	Telephone Number
Type of Business/Organization		Dates Employed
Duties and Responsibilities please us additional sheets if needed.		

3. **The following questions must be answered by the owner, if the owner is a sole proprietor; the partners, if the applicant is a partnership; or the corporate officers, if the applicant is a corporation.**

- a. Have you within the last three (3) years ever been convicted of mishandling any funds or other property entrusted to you by a third party? Yes No

If yes, please give date, the circumstances surrounding the conviction and the sentence imposed.

- b. Have you ever filed bankruptcy pursuant to Chapter 7, 11, or 13 of the Federal Bankruptcy Code? Yes No

If yes, state the number of times you have filed for bankruptcy and the date of last bankruptcy you filed.

- c. Have you ever been an officer of a corporation or a partner in a partnership that filed for bankruptcy pursuant to Chapter 7 or 11 the Federal Bankruptcy Code? Yes No

If yes, state the name of the partnership(s) or corporation(s) and the date(s) of the bankruptcy filings.

4. **REFERENCES.** Each applicant shall submit to the Board the names of three (3) individuals, including their telephone numbers and occupations, who can attest to the reputation, character, and technical competence of the applicant. At least one of the references shall be a licensee of the board, whose license number shall be stated;

Names and Addresses of References		
Name of Reference Address		Occupation and License Number
		Telephone Number
Name of Reference Address		Occupation and License Number (if applicable)
		Telephone Number
Name of Reference Address		Occupation and License Number (if applicable)
		Telephone Number

5. **AGE.** The applicant must be eighteen (18) years of age. Yes No

6. **APPLICANT'S CRIMINAL HISTORY.** Please answer the following questions.

- a. Are you currently under indictment for a crime? Yes No
- b. Have you ever been convicted of a crime? Yes No
If yes, provide the date(s) of the conviction(s).
- c. Are you a fugitive from justice? Yes No
- d. Are you an illegal alien? Yes No

7. **PROFESSIONAL LICENSES.** Please list any professional licenses held.

Has there been any disciplinary action taken against those licenses? Yes No

8. **FEES.** All fees are non-refundable. Please refer to the application guide for the appropriate license fee.

BY MY SIGNATURE, I AFFIRM THAT ALL INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, WITH THE UNDERSTANDING THAT ANY OMISSIONS, INACCURACIES, OR FAILURE TO MAKE FULL DISCLOSURE MAY BE DEEMED SUFFICIENT REASON TO SUSPEND OR RECOMMEND REVOCATION OF A LICENSE ISSUED BY THE DEPARTMENT. I FURTHER AUTHORIZE ALL LAW ENFORCEMENT AGENCIES AND OFFICIALS THERETO TO RELEASE TO THE DEPARTMENT ANY AND ALL CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO MYSELF.

Signature of Applicant _____

Date _____



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Instructions for Completion of Consent to Service of Process Form

For Out-of-State or Out-of-Country Entities Only

1. The name of the applicant is to be inserted in the blank space on line 1.
2. The type of person executing the form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank space on line 3 of the form.
4. The person whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces at the end of the form.
5. A manually signed form must be filed with the State of Maine Manufacturing Board, 35 State House Station, Augusta, ME 04333-0035.
6. The applicant must sign the form. If the applicant is a corporation, it should be signed in the name of the corporation by a designated officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the form should be signed in the name of such organization by a person responsible for the direction or management of its affairs.



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**CONSENT TO SERVICE OF PROCESS FOR OUT-OF-STATE OR OUT-OF-COUNTRY EN-
TITIES**

The undersigned applicant licensee _____,
(sole proprietor), (a corporation), (a partnership), or a (_____) [strike
out inapplicable nomenclature] organized under the laws of _____,
for purposes of complying with the laws of the State of Maine indicated hereunder relating to
the manufacturing, sales, servicing and/or installation of manufactured housing, hereby irrevocably
appoints the Executive Director of the State of Maine Manufactured Housing Board and
the Director's successors in such offices, upon whom may be served any notice, process or
pleading in any action or proceeding against the applicant licensee may be commenced in any
court of competent jurisdiction and proper venue within the State of Maine by service of pro-
cess upon the individual so designated with the same effect as if the undersigned was orga-
nized or created under the laws of the State of Maine and has been served lawfully with pro-
cess in that State.

It is requested that a copy of any notice, process, or pleading served hereunder be
mailed to:

Name

Address

Dated this _____ day of _____, 20____.

By _____

Title _____

MANUFACTURED HOUSING BOARD
STATE OF MAINE

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION -
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8612 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include required Insurance (with Manufactured Housing Board as the Certificate Holder) and Workers' Compensation Information
- Make a copy of your application to keep for your records